

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE			FOL UP	MODIFIERS										ENDO BASE	FSI
		NON-FACILITY SETTING	FACILITY SETTING	PRE OP (-56)		INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)				
P9021	Red blood cells unit	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
P9022	Washed red blood cells unit	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
P9023	Frozen plasma, pooled, sd	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
P9031	Platelets leukocytes reduced	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
P9032	Platelets, irradiated	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
P9033	Platelets leukoreduced irrads	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
P9034	Platelets, pheresis	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
P9035	Platelet pheres leukoreduced	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
P9036	Platelet pheresis irradiated	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
P9037	Plate pheres leukoredu irrads	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
P9038	RBC irradiated	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
P9039	RBC deglycerolized	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
P9040	RBC leukoreduced irradiated	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
P9041	Albumin (human),5%, 50ml	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
P9043	Plasma protein fract,5%,50ml	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
P9044	Cryoprecipitatereducedplasma	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
P9045	Albumin (human), 5%, 250 ml	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
P9046	Albumin (human), 25%, 20 ml	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
P9047	Albumin (human), 25%, 50ml	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
P9048	Plasma protein fract,5%,250ml	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
P9050	Granulocytes, pheresis unit	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
P9603	One-way allow prorated miles	\$ 0.79	\$ 0.79	0	0%	0%	0%	9	9	9	9	9	9		F		
P9604	One-way allow prorated trip	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
P9612	Catheterize for urine spec	\$ 4.20	\$ 4.20	0	0%	0%	0%	9	9	9	9	9	9		L		
P9615	Urine specimen collect mult	\$ 4.20	\$ 4.20	0	0%	0%	0%	9	9	9	9	9	9		L		
Q0035	Cardiokymography	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X		
Q0035-26	Cardiokymography	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X		
Q0035-TC	Cardiokymography	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X		
Q0081	Infusion ther other than che	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X		
Q0083	Chemo by other than infusion	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N		
Q0084	Chemotherapy by infusion	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N		
Q0085	Chemo by both infusion and o	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N		
Q0086	Physical therapy evaluation/	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X		
Q0091	Obtaining screen pap smear	\$ 53.54	\$ 26.77	0	0%	0%	0%	0	0	0	0	0	0		R		
Q0092	Set up port xray equipment	\$ 15.66	\$ 15.66	0	0%	0%	0%	3	0	0	0	0	0		R		
Q0111	Wet mounts/ w preparations	\$ 8.26	\$ 8.26	0	0%	0%	0%	9	9	9	9	9	9		L		
Q0112	Potassium hydroxide preps	\$ 8.26	\$ 8.26	0	0%	0%	0%	9	9	9	9	9	9		L		
Q0113	Pinworm examinations	\$ 10.46	\$ 10.46	0	0%	0%	0%	9	9	9	9	9	9		L		
Q0114	Fern test	\$ 13.83	\$ 13.83	0	0%	0%	0%	9	9	9	9	9	9		L		
Q0115	Post-coital mucous exam	\$ 19.15	\$ 19.15	0	0%	0%	0%	9	9	9	9	9	9		L		

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE		FOL UP	MODIFIERS										ENDO BASE	FSI
		NON-FACILITY SETTING	FACILITY SETTING		PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)			
Q0136	Non esrd epoetin alpha inj	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q0144	Azithromycin dihydrate, oral	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q0163	Diphenhydramine HCl 50mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q0164	Prochlorperazine maleate 5mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q0165	Prochlorperazine maleate10mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q0166	Granisetron HCl 1 mg oral	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q0167	Dronabinol 2.5mg oral	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q0168	Dronabinol 5mg oral	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q0169	Promethazine HCl 12.5mg oral	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q0170	Promethazine HCl 25 mg oral	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q0171	Chlorpromazine HCl 10mg oral	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q0172	Chlorpromazine HCl 25mg oral	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q0173	Trimethobenzamide HCl 250mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q0174	Thiethylperazine maleate10mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q0175	Perphenazine 4mg oral	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q0176	Perphenazine 8mg oral	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q0177	Hydroxyzine pamoate 25mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q0178	Hydroxyzine pamoate 50mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q0179	Ondansetron HCl 8mg oral	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q0180	Dolasetron mesylate oral	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q0181	Unspecified oral anti-emetic	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q0183	Nonmetabolic active tissue	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q0184	Metabolically active tissue	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q0186	Paramedic intercept, rural	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
Q0187	Factor viia recombinant	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q1001	Ntiol category 1	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q1002	Ntiol category 2	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q1003	Ntiol category 3	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q1004	Ntiol category 4	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q1005	Ntiol category 5	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q2001	Oral cabergoline 0.5 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
Q2002	Elliotts b solution per ml	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
Q2003	Aprotinin, 10,000 kiu	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q2004	Bladder calculi irrig sol	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q2005	Corticorelin ovine triflutat	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
Q2006	Digoxin immune fab (ovine)	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q2007	Ethanolamine oleate 100 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
Q2008	Fomepizole, 15 mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q2009	Fosphenytoin, 50 mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q2010	Glatiramer acetate, per dose	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE		FOL UP	MODIFIERS										ENDO BASE	FSI
		NON-FACILITY SETTING	FACILITY SETTING		PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)			
Q2011	Hemin, per 1 mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q2012	Pegademase bovine, 25 iu	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
Q2013	Pentastarch 10% solution	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q2014	Sermorelin acetate, 0.5 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
Q2017	Teniposide, 50 mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q2018	Urofollitropin, 75 iu	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
Q2019	Basiliximab	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q2020	Histrelin acetate	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q2021	Lepirudin	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q2022	VonWillebrandFactrCmplxperIU	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q3001	Brachytherapy Radioelements	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q3002	Gallium ga 67	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q3003	Technetium tc99m bicsate	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q3004	Xenon xe 133	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q3005	Technetium tc99m mertiatide	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q3006	Technetium tc99m glucepatate	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q3007	Sodium phosphate p32	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q3008	Indium 111-in pentetretotide	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q3009	Technetium tc99m oxidronate	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q3010	Technetium tc99mlabeledrbcs	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q3011	Chromic phosphate p32	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q3012	Cyanocobalamin cobalt co57	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q3014	Telehealth facility fee	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
Q3019	ALS emer trans no als service	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q3020	ALS nonemer trans no als service	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q4001	Cast sup body cast plaster	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q4002	Cast sup body cast fiberglas	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q4003	Cast sup shoulder cast plstr	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q4004	Cast sup shoulder cast fbrgl	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q4005	Cast sup long arm adult plst	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q4006	Cast sup long arm adult fbrg	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q4007	Cast sup long arm ped plster	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
Q4008	Cast sup long arm ped fbrgls	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
Q4009	Cast sup sht arm adult plstr	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q4010	Cast sup sht arm adult fbrgl	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q4011	Cast sup sht arm ped plaster	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
Q4012	Cast sup sht arm ped fbrglas	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
Q4013	Cast sup gauntlet plaster	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q4014	Cast sup gauntlet fiberglass	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q4015	Cast sup gauntlet ped plster	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE		FOL UP	MODIFIERS										ENDO BASE	FSI
		NON-FACILITY SETTING	FACILITY SETTING		PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)			
Q4016	Cast sup gauntlet ped fbrgls	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
Q4017	Cast sup lng arm splint plst	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q4018	Cast sup lng arm splint fbrg	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q4019	Cast sup lng arm splnt ped p	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
Q4020	Cast sup lng arm splnt ped f	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
Q4021	Cast sup sht arm splint plst	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q4022	Cast sup sht arm splint fbrg	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q4023	Cast sup sht arm splnt ped p	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
Q4024	Cast sup sht arm splnt ped f	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
Q4025	Cast sup hip spica plaster	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q4026	Cast sup hip spica fiberglass	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q4027	Cast sup hip spica ped plstr	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
Q4028	Cast sup hip spica ped fbrgl	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
Q4029	Cast sup long leg plaster	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q4030	Cast sup long leg fiberglass	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q4031	Cast sup lng leg ped plaster	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
Q4032	Cast sup lng leg ped fbrgls	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
Q4033	Cast sup lng leg cylinder pl	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q4034	Cast sup lng leg cylinder fb	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q4035	Cast sup lngleg cylndr ped p	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
Q4036	Cast sup lngleg cylndr ped f	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
Q4037	Cast sup shrt leg plaster	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q4038	Cast sup shrt leg fiberglass	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q4039	Cast sup shrt leg ped plster	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
Q4040	Cast sup shrt leg ped fbrgls	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
Q4041	Cast sup lng leg splnt plstr	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q4042	Cast sup lng leg splnt fbrgl	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q4043	Cast sup lng leg splnt ped p	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
Q4044	Cast sup lng leg splnt ped f	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
Q4045	Cast sup sht leg splnt plstr	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q4046	Cast sup sht leg splnt fbrgl	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q4047	Cast sup sht leg splnt ped p	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
Q4048	Cast sup sht leg splnt ped f	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
Q4049	Finger splint, static	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q4050	Cast supplies unlisted	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q4051	Splint supplies misc	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
Q9920	Epoetin with hct <= 20	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q9921	Epoetin with hct = 21	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q9922	Epoetin with hct = 22	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q9923	Epoetin with hct = 23	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE		FOL UP	MODIFIERS										ENDO BASE	FSI
		NON-FACILITY SETTING	FACILITY SETTING		PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)			
Q9924	Epoetin with hct = 24	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q9925	Epoetin with hct = 25	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q9926	Epoetin with hct = 26	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q9927	Epoetin with hct = 27	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q9928	Epoetin with hct = 28	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q9929	Epoetin with hct = 29	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q9930	Epoetin with hct = 30	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q9931	Epoetin with hct = 31	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q9932	Epoetin with hct = 32	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q9933	Epoetin with hct = 33	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q9934	Epoetin with hct = 34	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q9935	Epoetin with hct = 35	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q9936	Epoetin with hct = 36	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q9937	Epoetin with hct = 37	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q9938	Epoetin with hct = 38	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q9939	Epoetin with hct = 39	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
Q9940	Epoetin with hct >= 40	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
R0070	Transport portable x-ray	\$ 84.35	\$ 84.35	0	0%	0%	0%	3	0	0	0	0	0		R	
R0075	Transport port x-ray multipl	\$ 35.86	\$ 35.86	0	0%	0%	0%	3	0	0	0	0	0		R	
R0076	Transport portable EKG	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B	
S0009	Injection, butorphanol tartr	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S0012	Butorphanol tartrate, nasal	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S0014	Tacrine hydrochloride, 10 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S0016	Injection, amikacin sulfate	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S0017	Injection, aminocaproic acid	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S0020	Injection, bupivacaine hydro	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S0021	Injection, cefoperazone sod	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S0023	Injection, cimetidine hydroc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S0028	Injection, famotidine, 20 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S0030	Injection, metronidazole	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S0032	Injection, nafcillin sodium	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S0034	Injection, ofloxacin, 400 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S0039	Injection, sulfamethoxazole	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S0040	Injection, ticarcillin disod	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S0071	Injection, acyclovir sodium	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S0072	Injection, amikacin sulfate	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S0073	Injection, aztreonam, 500 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S0074	Injection, cefotetan disodiu	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S0077	Injection, clindamycin phosp	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S0078	Injection, fosphenytoin sodi	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE		FOL UP	MODIFIERS										ENDO BASE	FSI
		NON-FACILITY SETTING	FACILITY SETTING		PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)			
S0079	Octreotide 100 mcg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
S0080	Injection, pentamidine iseth	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S0081	Injection, piperacillin sodi	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S0085	injection, gatifloxacin	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S0087	Alemtuzumab 30 mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
S0088	Imatinib 100 mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
S0090	Sildenafil citrate, 25 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S0091	Granisetron 1mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
S0092	Hydromorphone 250 mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
S0093	Morphine 500 mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
S0106	Bupropion hcl sr 60 tablets	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S0108	Mercaptopurine 50 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S0112	Inj darbepoetin	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S0122	Inj menotropins 75 iu	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S0126	Inj follitropin alfa 75 iu	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S0128	Inj follitropin beta 75 iu	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S0130	Inj c gonadotropin 5000 iu	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S0132	Inj ganirelix acetat 250 mcg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S0155	Epoprostenol dilutant	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
S0156	Exemestane, 25 mg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S0157	Becaplermin gel 1%, 0.5 gm	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S0170	Anastrozole 1 mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
S0171	Bumetanide 0.5 mg	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
S0172	Chlorambucil 2 mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
S0173	Dexamethasone 4 mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
S0174	Dolasetron 50 mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
S0175	Flutamide 125 mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
S0176	Hydroxyurea 500 mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
S0177	Levamisole 50 mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
S0178	Lomustine 10 mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
S0179	Megestrol 20 mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
S0181	Ondansetron 4 mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
S0182	Procarbazine 5 mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
S0183	Prochlorperazine 5 mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
S0187	Tamoxifen 10 mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
S0189	Testosterone pellet 75 mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
S0190	Mifepristone, oral, 200 mg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
S0191	Misoprostol, oral, 200 mcg	AWP	AWP	0	0%	0%	0%	9	9	9	9	9	9		D	
S0199	Med abortion inc all ex drug	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S0206	Surgery in office	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE			FOL UP	MODIFIERS										ENDO BASE	FSI
		NON-FACILITY SETTING	FACILITY SETTING	PRE OP (-56)		INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)				
S0208	Paramed intrcpt nonvol	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0209	WC van mileage per mi	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0215	Nonemerg transp mileage per mile	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0220	Medical conference by physic	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0221	Medical conference, 60 min	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0250	Comp geriatr assmt team	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0255	Hospice refer visit nonmd	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0260	H&P for surgery	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0302	Completed EPSDT	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0310	Hospitalist visit	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0340	Lifestyle mod 1st stage	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0341	Lifestyle mod 2 or 3 stage	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0342	Lifestyle mod 4th stage	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0390	Rout foot care per visit	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0395	Impression casting ft	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0400	Global eswl kidney	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0500	Dispos cont lens	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0504	Singl prscrp lens	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0506	Bifoc prscrp lens	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0508	Trifoc prscrp lens	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0510	Non-prscrp lens	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0512	Daily cont lens	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0514	Color cont lens	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0516	Safety frames	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0518	Sunglass frames	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0580	Polycarb lens	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0581	Nonstd lens	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0590	Misc integral lens serv	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0592	Comp cont lens eval	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0601	Screening proctoscopy	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0605	Digital rectal examination,	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0610	Annual gynecological examina	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0612	Annual gynecological examina	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0620	Routine ophthalmological exa	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0621	Routine ophthalmological exa	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0622	Phys exam for college	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0630	Removal of sutures	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0800	Laser in situ keratomileusis	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0810	Photorefractive keratectomy	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0812	Phototherap keratect	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE			FOL UP	MODIFIERS										ENDO BASE	FSI
		NON-FACILITY SETTING	FACILITY SETTING	PRE OP (-56)		INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)				
S0820	Computerized corneal topogra	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S0830	Ultrasound pachymetry	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S1001	Deluxe item	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S1002	Custom item	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S1015	IV tubing extension set	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S1016	Non-pvc intravenous administ	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S1025	Inhal nitric oxide neonate	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S1030	Gluc monitor purchase	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S1031	Gluc monitor rental	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S2053	Transplantation of small int	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S2054	Transplantation of multivisc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S2055	Harvesting of donor multivis	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S2060	Lobar lung transplantation	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S2061	Donor lobectomy (lung)	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S2065	Simult panc kidn trans	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S2080	Laup	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S2102	Islet cell tissue transplant	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S2103	Adrenal tissue transplant	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S2107	Adoptive immunotherapy	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S2112	Knee arthroscop harv	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
S2115	Periacetabular osteotomy	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S2120	Low density lipoprotein(LDL)	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S2140	Cord blood harvesting	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S2142	Cord blood-derived stem-cell	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S2150	BMT harv/transpl 28d pkg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S2180	Donor leukocyte infusion	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S2202	Echosclerotherapy	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S2205	Minimally invasive direct co	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S2206	Minimally invasive direct co	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S2207	Minimally invasive direct co	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S2208	Minimally invasive direct co	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S2209	Minimally invasive direct co	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S2211	Transv carotid stent placemt	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S2250	Uterine artery emboliz	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S2260	Induced abortion 17-24 weeks	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S2300	Arthroscopy, shoulder, surgi	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S2340	Chemodenervation of abductor	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S2341	Chemodenerv adduct vocal	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S2342	Nasal endoscop po debrid	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S2350	Discectomy, anterior, with d	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE			FOL UP	MODIFIERS										ENDO BASE	FSI
		NON-FACILITY SETTING	FACILITY SETTING	PRE OP (-56)		INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)				
S2351	Disectomy, anterior, with d	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S2360	Vertebroplast cerv 1st	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S2361	Vertebroplast cerv addl	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S2370	Intradiscal electrothermal	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S2371	Each additional interspace	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S2400	Fetal surg congen hernia	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S2401	Fetal surg urin trac obstr	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S2402	Fetal surg cong cyst malf	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S2403	Fetal surg pulmon sequest	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S2404	Fetal surg myelomeningo	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S2405	Fetal surg sacrococ teratoma	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S2409	Fetal surg noc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S2411	Fetoscop laser ther TTTS	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S3600	Stat lab	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S3601	Stat lab home/nf	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S3620	Newborn metabolic screening	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S3630	Eosinophil blood count	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S3645	HIV-1 antibody testing of or	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S3650	Saliva test, hormone level;	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S3652	Saliva test, hormone level;	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S3701	NMP-22 assay	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S3708	Gastrointestinal fat absorpt	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S3818	BRCA1 gene anal	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S3819	BRCA2 gene anal	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S3830	Gene test HNPCC comp	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S3831	Gene test HNPCC single	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S3835	Gene test cystic fibrosis	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S3837	Gene test hemochromato	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S3900	Surface EMG	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S3902	Ballistocardiogram	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S3904	Masters two step	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S4005	Interim labor facility global	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S4011	IVF package	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S4013	Compl gift case rate	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S4014	Compl zift case rate	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S4015	Complete IVF case rate	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S4016	Frozen IVF case rate	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S4017	INV canc a stim case rate	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S4018	F EMB trns canc case rate	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S4020	IVF canc a aspir case rate	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE			FOL UP	MODIFIERS										ENDO BASE	FSI
		NON-FACILITY SETTING	FACILITY SETTING	PRE OP (-56)		INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)				
S4021	IVF canc p aspir case rate	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S4022	Asst oocyte fert case rate	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S4023	Incompl donor egg case rate	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S4025	Donor serv IVF case rate	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S4026	Procure donor sperm	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S4027	Store prev froz embryos	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S4028	Microsurg epi sperm asp	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S4030	Sperm procure init visit	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S4031	Sperm procure subs visit	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S4035	Stimulated iui case rate	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S4036	Intravag cult case rate	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S4037	Cryo embryo transf case rate	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S4040	Monit store cryo embryo 30 d	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S4981	Insert levonorgestrel ius	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S4989	Contracept IUD	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S4990	Nicotine patch legend	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S4991	Nicotine patch nonlegend	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S4993	Contraceptive pills for bc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S4995	Smoking cessation gum	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S5000	Prescription drug, generic	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S5001	Prescription drug,brand name	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S5010	5% dextrose and 0.45% saline	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S5011	5% dextrose in lactated ring	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S5012	5% dextrose with potassium	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S5013	5%dextrose/0.45%saline1000ml	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S5014	D5W/0.45NS w KCl and MGS04	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S5035	HIT routine device maint	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S5036	HIT device repair	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S5497	HIT cath care noc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S5498	HIT simple cath care	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S5501	HIT complex cath care	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S5502	HIT interim cath care	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S5517	HIT declotting kit	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S5518	HIT cath repair kit	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S5520	HIT picc insert kit	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S5521	HIT midline cath insert kit	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S5522	HIT picc insert no supp	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S5523	HIP midline cath insert kit	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S8030	Tantalum ring application	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S8035	Magnetic source imaging	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE			FOL UP	MODIFIERS										ENDO BASE	FSI
		NON-FACILITY SETTING	FACILITY SETTING	PRE OP (-56)		INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)				
S8037	mrcp	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S8040	Topographic brain mapping	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S8042	MRI low field	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S8049	Intraoperative radiation the	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S8055	Us guidance fetal reduct	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S8080	Scintimammography	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S8085	Fluorine-18 fluorodeoxygluco	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S8092	Electron beam computed tomog	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S8095	Wig (for medically-induced h	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S8096	Portable peak flow meter	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S8097	Asthma kit	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S8100	Spacer without mask	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S8101	Spacer with mask	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S8105	Oximeter for measuring blood	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S8110	Peak expiratory flow rate (p	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S8180	Trach shower protector	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S8181	Trach tube holder	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S8182	Humidifier non-servo	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S8183	Humidifier dual servo	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S8185	Flutter device	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S8186	Swivel adaptor	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S8189	Trach supply noc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S8190	Electronic spirometer	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S8200	Chest compression vest	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S8205	Chest compression system gen	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S8210	Mucus trap	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S8260	Oral orthotic for treatment	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S8262	Mandib ortho repos device	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S8265	Haberman feeder	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S8401	Child-size diaper	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S8403	Adult-size pull-up brief	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S8404	Child-size pull-up brief	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S8405	Incontinence liners, each	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S8415	Supplies for home delivery	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S8420	Custom gradient sleeve/glov	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S8421	Ready gradient sleeve/glov	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S8422	Custom grad sleeve med	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S8423	Custom grad sleeve heavy	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S8424	Ready gradient sleeve	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
S8425	Custom grad glove med	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE		FOL UP	MODIFIERS										ENDO BASE	FSI
		NON-FACILITY SETTING	FACILITY SETTING		PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)			
S8426	Custom grad glove heavy	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S8427	Ready gradient glove	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S8428	Ready gradient gauntlet	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S8429	Gradient pressure wrap	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S8430	Padding for comprssn bdg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S8431	Compression bandage	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S8450	Splint digit	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S8451	Splint wrist or ankle	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S8452	Splint elbow	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S8490	100 insulin syringes	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S8945	PT phonophoresis 30 mins	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S8950	Complex lymphedema therapy,	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S8999	Resuscitation bag	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9001	Home uterine monitor with or	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9007	Ultrafiltration monitor	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9015	Automated EEG monitoring	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9022	Digital subtraction angiogra	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9024	Paranasal sinus ultrasound	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9025	Omniscardiogram/cardiointegra	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9034	ESWL for gallstones	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9055	Procuren or other growth fac	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9056	Coma stimulation per diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9061	Medical supplies and equipme	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9075	Smoking cessation treatment	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9083	Urgent care center global	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9088	Services provided in urgent	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9090	Vertebral axial decompressio	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9092	Canolith repositioning	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9098	Home phototherapy visit	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9105	Evaluation by ocularist	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9109	CHF telemonitoring month	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9117	Back school visit	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9122	Home health aide or certifie	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9123	Nursing care, in the home; b	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9124	Nursing care, in the home; b	\$ 35.89	\$ 35.89	0	0%	0%	0%	9	9	9	9	9	9		F	
S9125	Respite care, in the home, p	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9126	Hospice care, in the home, p	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
S9127	Social work visit, in the ho	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9128	Speech therapy, in the home,	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9129	Occupational therapy, in the	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE		FOL UP	MODIFIERS										ENDO BASE	FSI
		NON-FACILITY SETTING	FACILITY SETTING		PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)			
S9131	PT in the home per diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9140	Diabetic Management Program,	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9141	Diabetic Management Program,	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9145	Insulin pump initiation	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9208	Home mgmt preterm labor	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9209	Home mgmt PPRM	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9211	Home mgmt gest hypertension	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9212	Hm postpar hyper per diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9213	Hm preeclamp per diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9214	Hm gest dm per diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9216	Gest hyper w nurs diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9217	Postpar hyper w nurs diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9218	Preeclamp w nurs diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9325	HIT pain mgmt per diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9326	HIT cont pain per diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9327	HIT int pain per diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9328	HIT pain imp pump diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9329	HIT chemo per diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9330	HIT cont chem diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9331	HIT intermit chemo diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9336	HIT cont anticoag diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9338	HIT immunotherapy diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9339	HIT periton dialysis diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9340	HIT enteral per diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9341	HIT enteral grav diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9342	HIT enteral pump diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9343	HIT enteral bolus nurs	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9345	HIT anti-hemophil diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9346	HIT alpha-1-proteinase diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9347	HIT longterm infusion diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9348	HIT sympathomim diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9349	HIT tocolysis diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9351	HIT cont antiemetic diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9353	HIT cont insulin diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9355	HIT chelation diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9357	HIT enzyme replace diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9359	HIT anti-tnf per diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9361	HIT diuretic infus diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9363	HIT anti-spasmodic diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9364	HIT tpn total diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE		FOL UP	MODIFIERS										ENDO BASE	FSI
		NON-FACILITY SETTING	FACILITY SETTING		PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)			
S9365	HIT tpn 1 liter diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9366	HIT tpn 2 liter diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9367	HIT tpn 3 liter diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9368	HIT tpn over 3l diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9370	HT inj antiemetic diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9372	HT inj anticoag diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9373	HIT hydra total diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9374	HIT hydra 1 liter diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9375	HIT hydra 2 liter diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9376	HIT hydra 3 liter diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9377	HIT hydra over 3l diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9379	HIT noc per diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9381	HIT high risk/escort	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9401	Anticoag clinic per session	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9430	Pharmacy comp/disp serv	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9435	Medical foods for inborn err	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9436	Lamaze class	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9437	Childbirth refresher class	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9438	Cesarean birth class	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9439	VBAC class	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9441	Asthma education	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9442	Birthing class	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9443	Lactation class	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9444	Parenting class	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9445	PT education noc individ	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9446	PT education noc group	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9447	Infant safety class	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9449	Weight mgt class	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9451	Exercise class	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9452	Nutrition class	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9453	Smoking cessation class	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9454	Stress mgmt class	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9455	Diabetic Management Program,	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9460	Diabetic Management Program,	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9465	Diabetic Management Program,	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9470	Nutritional counseling, diet	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9472	Cardiac rehabilitation progr	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9473	Pulmonary rehabilitation pro	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9474	Enterostomal therapy by a re	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9475	Ambulatory setting substance	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE		FOL UP	MODIFIERS										ENDO BASE	FSI
		NON-FACILITY SETTING	FACILITY SETTING		PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)			
S9480	Intensive outpatient psychia	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9484	Crisis intervention per hour	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9485	Crisis intervention per diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9490	HIT corticosteroid diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9494	HIT antibiotic total diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9497	HIT antibiotic q3h diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9500	HIT antibiotic q24h diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9501	HIT antibiotic q12h diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9502	HIT antibiotic q8h diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9503	HIT antibiotic q6h diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9504	HIT antibiotic q4h diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9524	Nursing services related to	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9529	Venipuncture home/snf	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9537	HT hem horm inj diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9538	HIT blood products diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9542	HT inj noc per diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9543	Administration of medication	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9546	Home inf blood prod nurs serv	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9558	HT inj growth horm diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9559	HIT inj interferon diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9560	HT inj hormone diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9800	HT rn per hour	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9806	RN infusion suite visit	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9810	HT pharm per hour	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9900	Christian sci pract visit	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9970	Health club membership yr	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9975	Transplant related per diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9981	Med record copy admin	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9982	Med record copy per page	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9986	Not medically necessary svc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9989	Services outside US	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9990	Services provided as part of	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9991	Services provided as part of	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9992	Transportation costs to and	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9994	Lodging costs (e.g. hotel ch	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9996	Meals for clinical trial par	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
S9999	Sales tax	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
T1000	Private duty/independent nsg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
T1001	Nursing assessment/evaluatin	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
T1002	RN services up to 15 minutes	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	

HCPCS CODE		DOLLAR VALUE		FOL UP	MODIFIERS										ENDO BASE FSI	
		NON-FACILITY SETTING	FACILITY SETTING		PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)			
T1003	LPN/LVN services up to 15min	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
T1004	Nsg aide service up to 15min	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
T1005	Respite care service 15 min	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
T1006	Family/Couple Counseling	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
T1007	Treatment Plan Development	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
T1008	Day Treatment for Individual	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
T1009	Child Sitting Services	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
T1010	Meals when Receive Services	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
T1011	Alcohol/Substance Abuse NOC	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
T1012	Alcohol/Substance Abuse Skill	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
T1013	Sign Lang/Oral Interpreter	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
T1014	Telehealth transmit, per min	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
T1015	Clinic service	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
T1016	Case management	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
T1017	Targeted case management	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
T1018	School-based iep ser bundled	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
T1019	Personal care ser per 15 min	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
T1020	Personal care ser per diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
T1021	HH aide or cn aide per visit	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
T2001	N-et; patient attend/escort	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
T2002	N-et; per diem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
T2003	N-et; encounter/trip	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
T2004	N-et; commerc carrier, pass	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
T2005	N-et; stretcher van	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
T2006	Amb response & trt, no trans	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
V2020	Vision svcs frames purchases	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2025	Eyeglasses delux frames	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2100	Lens spher single plano 4.00	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2101	Single visn sphere 4.12-7.00	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2102	Singl visn sphere 7.12-20.00	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2103	Spherocylindr 4.00d/12-2.00d	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2104	Spherocylindr 4.00d/2.12-4d	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2105	Spherocylinder 4.00d/4.25-6d	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2106	Spherocylinder 4.00d/>6.00d	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2107	Spherocylinder 4.25d/12-2d	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2108	Spherocylinder 4.25d/2.12-4d	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2109	Spherocylinder 4.25d/4.25-6d	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2110	Spherocylinder 4.25d/over 6d	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2111	Spherocylindr 7.25d/.25-2.25	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2112	Spherocylindr 7.25d/2.25-4d	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE			MODIFIERS										ENDO BASE	FSI
		NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)			
V2113	Spherocylindr 7.25d/4.25-6d	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2114	Spherocylinder over 12.00d	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2115	Lens lenticular bifocal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2116	Nonaspheric lens bifocal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2117	Aspheric lens bifocal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2118	Lens aniseikonic single	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2199	Lens single vision not oth c	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2200	Lens sphr bifoc plano 4.00d	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2201	Lens sphere bifocal 4.12-7.0	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2202	Lens sphere bifocal 7.12-20.	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2203	Lens sphcyl bifocal 4.00d/.1	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2204	Lens sphcy bifocal 4.00d/2.1	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2205	Lens sphcy bifocal 4.00d/4.2	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2206	Lens sphcy bifocal 4.00d/ove	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2207	Lens sphcy bifocal 4.25-7d/.	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2208	Lens sphcy bifocal 4.25-7/2.	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2209	Lens sphcy bifocal 4.25-7/4.	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2210	Lens sphcy bifocal 4.25-7/ov	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2211	Lens sphcy bifo 7.25-12/.25-	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2212	Lens sphcyl bifo 7.25-12/2.2	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2213	Lens sphcyl bifo 7.25-12/4.2	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2214	Lens sphcyl bifocal over 12.	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2215	Lens lenticular bifocal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2216	Lens lenticular nonaspheric	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2217	Lens lenticular aspheric bif	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2218	Lens aniseikonic bifocal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2219	Lens bifocal seg width over	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2220	Lens bifocal add over 3.25d	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2299	Lens bifocal speciality	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2300	Lens sphere trifocal 4.00d	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2301	Lens sphere trifocal 4.12-7.	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2302	Lens sphere trifocal 7.12-20	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2303	Lens sphcy trifocal 4.0/.12-	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2304	Lens sphcy trifocal 4.0/2.25	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2305	Lens sphcy trifocal 4.0/4.25	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2306	Lens sphcyl trifocal 4.00/>6	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2307	Lens sphcy trifocal 4.25-7/.	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2308	Lens sphc trifocal 4.25-7/2.	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2309	Lens sphc trifocal 4.25-7/4.	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V2310	Lens sphc trifocal 4.25-7/>6	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE			FOL UP	MODIFIERS										ENDO BASE	FSI
		NON-FACILITY SETTING	FACILITY SETTING	PRE OP (-56)		INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)				
V2311	Lens sphc trifo 7.25-12/.25-	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2312	Lens sphc trifo 7.25-12/2.25	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2313	Lens sphc trifo 7.25-12/4.25	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2314	Lens sphcyl trifocal over 12	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2315	Lens lenticular trifocal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2316	Lens lenticular nonaspheric	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2317	Lens lenticular aspheric tri	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2318	Lens aniseikonic trifocal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2319	Lens trifocal seg width > 28	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2320	Lens trifocal add over 3.25d	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2399	Lens trifocal speciality	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2410	Lens variab asphericity sing	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2430	Lens variable asphericity bi	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2499	Variable asphericity lens	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2500	Contact lens pmma spherical	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2501	Cntct lens pmma-toric/prism	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2502	Contact lens pmma bifocal	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2503	Cntct lens pmma color vision	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2510	Cntct gas permeable sphericl	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2511	Cntct toric prism ballast	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2512	Cntct lens gas permbl bifocl	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2513	Contact lens extended wear	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2520	Contact lens hydrophilic	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2521	Cntct lens hydrophilic toric	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2522	Cntct lens hydrophil bifocl	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2523	Cntct lens hydrophil extend	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2530	Contact lens gas impermeable	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2531	Contact lens gas permeable	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2599	Contact lens/es other type	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2600	Hand held low vision aids	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2610	Single lens spectacle mount	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2615	Telescop/othr compound lens	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2623	Plastic eye prosth custom	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2624	Polishing artifical eye	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2625	Enlargemnt of eye prosthesis	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2626	Reduction of eye prosthesis	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2627	Scleral cover shell	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2628	Fabrication & fitting	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2629	Prosthetic eye other type	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2630	Anter chamber intraocul lens	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE			FOL UP	MODIFIERS										ENDO BASE	FSI
		NON-FACILITY SETTING	FACILITY SETTING	PRE OP (-56)		INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)				
V2631	Iris support intraoclr lens	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2632	Post chmbr intraocular lens	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2700	Balance lens	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2710	Glass/plastic slab off prism	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2715	Prism lens/es	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2718	Fresnell prism press-on lens	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2730	Special base curve	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2740	Rose tint plastic	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2741	Non-rose tint plastic	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2742	Rose tint glass	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2743	Non-rose tint glass	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2744	Tint photochromatic lens/es	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2750	Anti-reflective coating	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2755	UV lens/es	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2760	Scratch resistant coating	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2770	Occluder lens/es	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2780	Oversize lens/es	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2781	Progressive lens per lens	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2785	Corneal tissue processing	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2790	Amniotic membrane	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V2799	Miscellaneous vision service	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N		
V5008	Hearing screening	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
V5010	Assessment for hearing aid	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
V5011	Hearing aid fitting/checking	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
V5014	Hearing aid repair/modifying	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
V5020	Conformity evaluation	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
V5030	Body-worn hearing aid air	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
V5040	Body-worn hearing aid bone	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
V5050	Hearing aid monaural in ear	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
V5060	Behind ear hearing aid	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
V5070	Glasses air conduction	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
V5080	Glasses bone conduction	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
V5090	Hearing aid dispensing fee	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
V5100	Body-worn bilat hearing aid	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
V5110	Hearing aid dispensing fee	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
V5120	Body-worn binaur hearing aid	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
V5130	In ear binaural hearing aid	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
V5140	Behind ear binaur hearing ai	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
V5150	Glasses binaural hearing aid	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
V5160	Dispensing fee binaural	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE		FOL UP	MODIFIERS										ENDO BASE	FSI
		NON-FACILITY SETTING	FACILITY SETTING		PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)			
V5170	Within ear cros hearing aid	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
V5180	Behind ear cros hearing aid	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
V5190	Glasses cros hearing aid	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
V5200	Cros hearing aid dispens fee	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
V5210	In ear bicros hearing aid	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
V5220	Behind ear bicros hearing ai	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
V5230	Glasses bicros hearing aid	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
V5240	Dispensing fee bicros	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
V5241	Dispensing fee, monaural	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
V5242	Hearing aid, monaural, cic	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
V5243	Hearing aid, monaural, itc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
V5244	Hearing aid, prog, mon, cic	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
V5245	Hearing aid, prog, mon, itc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
V5246	Hearing aid, prog, mon, ite	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
V5247	Hearing aid, prog, mon, bte	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
V5248	Hearing aid, binaural, cic	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
V5249	Hearing aid, binaural, itc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
V5250	Hearing aid, prog, bin, cic	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
V5251	Hearing aid, prog, bin, itc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
V5252	Hearing aid, prog, bin, ite	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
V5253	Hearing aid, prog, bin, bte	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
V5254	Hearing id, digit, mon, cic	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
V5255	Hearing aid, digit, mon, itc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
V5256	Hearing aid, digit, mon, ite	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
V5257	Hearing aid, digit, mon, bte	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
V5258	Hearing aid, digit, bin, cic	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
V5259	Hearing aid, digit, bin, itc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
V5260	Hearing aid, digit, bin, ite	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
V5261	Hearing aid, digit, bin, bte	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
V5262	Hearing aid, disp, monaural	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
V5263	Hearing aid, disp, binaural	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
V5264	Ear mold/insert	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
V5265	Ear mold/insert, disp	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
V5266	Battery for hearing device	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
V5267	Hearing aid supply/accessory	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
V5268	ALD Telephone Amplifier	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
V5269	Alerting device, any type	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
V5270	ALD, TV amplifier, any type	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
V5271	ALD, TV caption decoder	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
V5272	Tdd	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE		FOL UP	MODIFIERS										ENDO BASE	FSI
		NON-FACILITY SETTING	FACILITY SETTING		PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)			
V5273	ALD for cochlear implant	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
V5274	ALD unspecified	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
V5275	Ear impression	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
V5299	Hearing service	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
V5336	Repair communication device	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
V5362	Speech screening	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	
V5363	Language screening	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	
V5364	Dysphagia screening	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	